VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES ANNUAL REHABILITATION REPORT SUMMARY

For period covering February 1st through January 31st - Due by January 31st annually

NAME_____**VDGIF PERMIT#** _____

ADDRESS:_____

PAGE_____**OF**_____**DATE** _____

Species Common Name (Please be specific)	# Rehabilitated	# Still in Possession	# Transferred for Further Rehab	# Kept or Transferred for Exhibiting	# Kept as Surrogates	# Euthanized	# That Died	# Released

NOTE: Please indicate "None" and sign if you did not rehabilitate animals/birds this permit year.

Permittees are still responsible for maintaining detailed patient records that include species name, date received, person received from, reason obtained, final disposition, and date of disposition. Records are open to inspection by VDGIF personnel and complete copies may be requested by VDGIF at any time.

SIGNATURE:_____DATE: _____

RETURN TO: Virginia Department of Game & Inland Fisheries, Permit Section, P. O. Box 3337, Henrico, VA 23228-3337

10/22/2018